

2005 - 2006 PROPOSED MEDICAID HCSPCS MH/DD/SA SERVICE RATES

SERVICE CODE (with modifier as applicable)	MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION	BILLING UNIT	10/1/05 RATE FOR SERVICE
H0036	Community Support - Individual	15 minutes	15.24
H0036 HQ	Community Support - Group	15 minutes	4.90
H2011	Mobile Crisis Management (MH/SA)	15 minutes	31.79
T1023	Diagnostic Assessment (MH/SA)	Event	169.06
H2022	Intensive In-Home Services	per diem	190.00
H2015HT	Community Support Team (MH/SA) (CST)	15 minutes	16.52
H0014	Ambulatory Detoxification	15 minutes	20.43
H0010	Non-Hospital Medical Detoxification	per diem	325.88
H0012 HB	Non-Medical Community Residential Treatment - Adult	per diem	122.60
H0012 HA	Non-Medical Community Residential Treatment - Child	per diem	196.80
H0013	Medically Monitored Community Residential Treatment	per diem	265.25
T1021	Developmental Therapy Service - Professional	15 minutes	8.34
T1021 HM	Developmental Therapy Service - Paraprofessional	15 minutes	6.01
* T1017HI	Targeted Case Management for Individuals with DD	15 minutes	22.66
H2033	Multi-systemic Therapy (MST)	15 minutes	23.54
H2035	SA Comprehensive Outpatient Treatment Program	per diem	183.07
H2012 HA	Child and Adolescent Day Treatment	per hour	31.25
H0015	Substance Abuse Intensive Outpatient Program	per diem	131.93
H0040	Assertive Community Treatment Team (ACTT)	Event, maximum 4 per month	323.98
	Medically Supervised or ADATC Detoxification/Crisis Stabilization	per diem	
	Per diem rate will be determined by individual provider		
	* T1017HI effective date 09/01/05		

Rates contingent upon CMS approval of State Plan Amendment